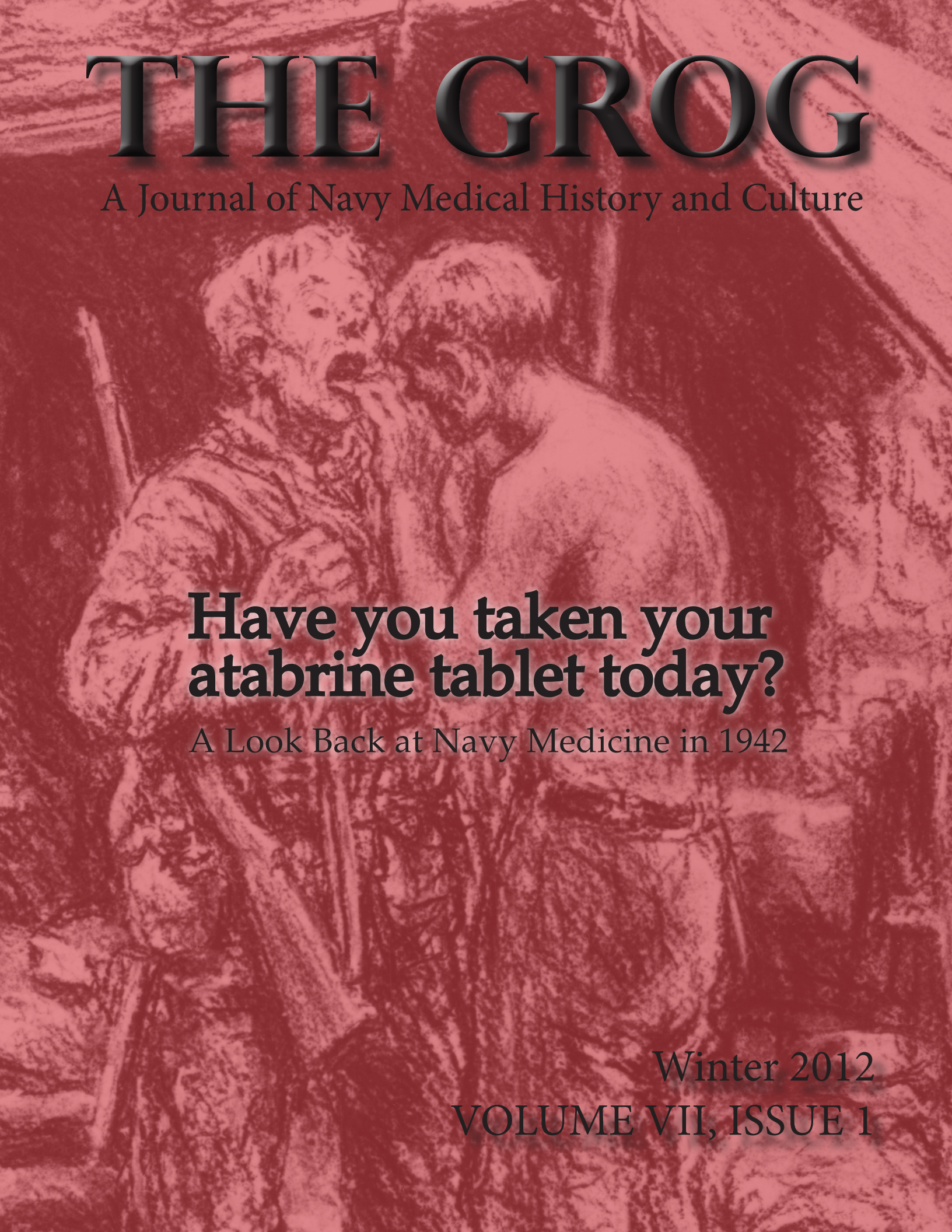
THE GROG

A Journal of Navy Medical History and Culture



Have you taken your atabrine tablet today?

A Look Back at Navy Medicine in 1942

Winter 2012
VOLUME VII, ISSUE 1

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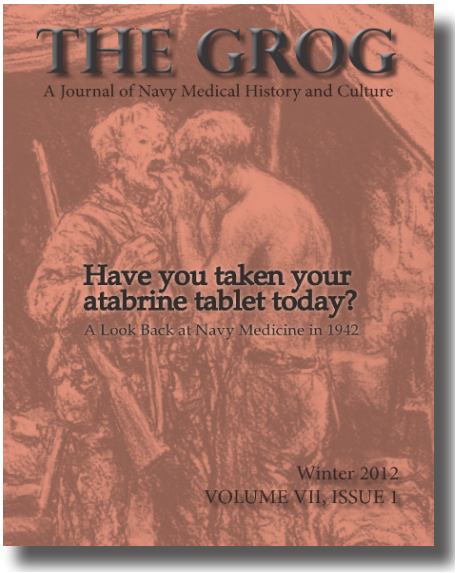

SAY A-A-A-A-H
Kerr Eby
Charcoal drawing
This Marine has his throat examined by a Navy hospital corpsman to the usual sound elicited by: "Say a-a-a-h!" Hospital Corpsmen in 1942 regularly checked for throat infections as well as to ensure that everyone swallowed their anti-malarial atabrine tablets.
Navy Art Museum

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Introduction

The summer of 2012 will see the historic co-location of the U.S. Army, Navy, Air Force medical department headquarters, as well as the Tri-Care Management Activity at the former Raytheon Complex in Fall Church, VA. There is no denying that among those who work for these agencies there is a terrific sense of anticipation mixed with some uncertainty, and even a touch of dread. It is a sea change for military medicine, but we have been there before, even during more challenging times. As we move ahead, let us not forget from where we have come.

The year 2012 is an important anniversary for the military. It marks the 200th anniversary of the beginning of the War of 1812 and subsequent sea battles that helped define the U.S. Navy. This year also marks the 170th anniversary of the establishment of the Bureau of Medicine and Surgery, the 150th anniversary of the battle of the *Monitor* and *Merrimack*, and also the 100th birthday of the U.S. Navy Dental Corps. Throughout this year, THE GROG will mark many of these anniversaries with original stories and pictorials.

In this issue we offer you a look back at another key year, 1942. Host to the Battles of Guadalcanal, Coral Sea, and Midway, this challenging year also marked the beginning of the Mobile/Fleet Hospital Program and the integration of women into the Navy. We follow this with "The Shadow Nurse," the stunningly true tale of two Navy nurses who succesfully switched lives and careers. Finally, Chief Nurse J. Beatrice Bowman returns to the present day to take us on a tour of the only Navy hospital ship that was specifically built from the keel up as a hospital ship.

As always, we hope you enjoy this humble historical tour of the seas of Navy Medicine!

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THE GROG

A JOURNAL OF NAVY MEDICAL HISTORY AND CULTURE

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For more Navy medical history and to get a glimpse
at the Navy Medical Department's collections
please check out our blog
"Tranquillity, Solace, and Mercy" at:

http://usstranquillity.blogspot.com

THE GROG is a free quarterly publication of the Office of Medical History dedicated to the promotion and preservation of the history and culture of the Navy Medical Department. Articles and information published in THE GROG are historical and are not meant to reflect the present-day policy of the Navy Medical Department, U.S. Navy, and/or the Department of Defense.

NAVY M

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MEDICINE 42

On 8 December 1941, World War II came to the Philippines when Japanese bombers hit Clark and Nichols Fields.Two days later enemy bombers returned, this time destroying the Cavite Navy Yard and killing and maiming scores of Americans and Filipinos. Personnel at the nearby Cañacao Naval Hospital worked frantically to treat the wounded.

Japanese soldiers who landed on Philippine beaches in late December 1941 overwhelmed the ill-equipped and outnumbered Americans and Filipinos. By the time Japanese forces entered Manila on 1 January after GEN Douglas MacArthur declared it an "open city," its battered defenders had already withdrawn to the Bataan Peninsula to make their last stand.

As food and medicine ran out, disease took its toll among Bataan's defenders. The lack of quinine for the treatment of malaria was critical, and without it many men came down with the disease. Nearly everyone suffered debilitating weakness from dysentery. Overwhelmed, Bataan's 75,000 defenders finally surrendered in April 1942.

But out in Manila Bay, the island fortress of Corregidor still remained defiant despite a lack of food and ammunition. After a month of heavy bombardment and finally landings by Japanese forces, Corregidor surrendered on May 6th. American power in the Far East had been extinguished. Yet despite the new reality, the hundreds of medical professionals captured in the Pacific were still "Doc" or "Nurse" to their fellow POWs. Without hospitals or supplies, they continued to practice their healing art, often under unimaginable circumstances.

Some 10,000 surrendered at Corregidor after thousands of captured Americans and Filipinos had already died on the infamous Bataan Death March. Those who survived Japanese brutality and neglect now faced Japanese prison camps. For the approximately 17,000 Americans and 12,000 Filipino scouts who surrendered in the Philippines, the real ordeal had barely begun. Torture, forced labor, starvation and death became the norm in Japanese POW camps throughout the Far East.

Even though physicians and corpsmen did the best they could to provide health care in these camps, they had virtually no drugs or instruments. Malaria and dengue fever were endemic. Sanitation was nonexistent and almost everybody had dysentery. Many came down with deficiency diseases like scurvy, optic neuritis, and beriberi. By the summer of 1942 the Japanese held over 50,000 prisoners, 20,000 of whom were Americans.

Eleven of these were Navy nurses from the Cañacao Naval Hospital. They spent the war in internment camps at Santo Tomás in Manila and then at Los Baños in the Philippine countryside, where they were finally liberated in February 1945. Many of their male colleagues never made it home, either succumbing to disease, starvation, brutal treatment by their captives, or dying by "friendly fire" when the so-called hell ships in which they were being transported

to Japan were sunk by American submarines or aircraft. Despite the fate of these unfortunate POWs, the war against Japan was in full swing by the summer of 1942.

At home and abroad the Navy Medical Department adapted to trials of war. Navy Medical care prewar was geared to the day-to-day caring for accidents, illnesses and overseeing general health of sailors and Marines. Practically overnight, Medical Department personnel had to contend with battle casualties, battle fatigue, neuroses, and tropical disease. Malaria proved a particularly difficult challenge for the forces fighting in the island campaigns. Navy medical personnel trained in preventive medicine oiled malaria breeding areas and sprayed DDT. Physicians and corpsmen dispensed quinine and synthetic drugs like atabrine as malaria suppressants.

Reconquering territory held by the enemy was the priority and it meant fighting island by island, each one a stepping stone to Tokyo. Organizing the Navy Medical Department to care for the thousands of Navy and Marine Corps casualties generated by opposed amphibious landings, make them well, and then return them to duty was the major priority. It was in the Pacific war that Navy medicine faced its greatest challenge dealing with the aftermath of intense, bloody warfare fought far from fixed hospitals. This put enormous pressure on medical personnel closest to the front and forced new approaches to primary care and evacuation.

The most dramatic and demanding duty a Navy hospital corpsman could have was with Marine Corps units in the field. Because the Marine Corps has always relied upon the Navy for medical support, corpsmen accompanied the leathernecks and suffered the brunt of combat themselves. Many of them went unarmed, reserving their carrying strength for medical supplies.

Navy corpsmen were the first critical link in the evacuation chain. From the time a Marine was hit on an invasion beach at Guadalcanal (on 7 August 1942), the hospital corpsman braved enemy fire to render aid. They applied a battle dressing, administered morphine, and tagged the casualty. If he were lucky, the corpsman might commandeer a litter team to move the casualty out of harm's way and on to a battalion aid station or a collecting and clearing company for further treatment. This care would mean stabilizing the patient with plasma, serum albumin, and, later in the war, whole blood. In some cases, the casualty was then moved to the beach for evacuation. In others, the casualty was taken to a base or mobile hospital, where doctors performed further stabilization, including emergency surgery if needed.

By the summer of 1942, the Navy Medical Department operated base and mobile hospitals near the frontlines of the Pacific war. Base Hospital No. 2 located Efate, New Hebrides was first Navy hospital in Southwest Pacific. Between 20 September-31 December 1942, the

Navy treated 3,020 patients, most delivered by air planes throughout the Guadalcanal campaign. The casualties were received at Base Hospital No. 2 after an average of about 36 hours. Most patients were brought by air to airfield 6 miles from the field hospital. A quonset hut for receiving patients was placed near the landing strip where a hospital corpsman and Medical Officer supervised the transfer of patients to hospitals. Hospital casualties were divided into four classes.

-Class A: Convalescent expectancy less than 90 days.

-Class B: Psychoneuroses, war neuroses, and situational neuroses.

-Class C: Convalescent expectancy of over 90 days.

-Class D: Permanently disabled for further fighting in the South Pacific Area.

Classes B, C, D were transferred to hospital ship *Solace* or ambulance ship *Tryon* for disposition. Class D was usually evacuated to the United States.

Navy hospital ships, employed mainly as ambulances, provided first aid and some surgical care for the casualties' needs while ferrying them to base hospitals in the Pacific or back to the United States for definitive care. As the war continued, air evacuation helped carry the load. Trained Navy nurses and corpsmen staffed the evacuation aircraft.

The Pacific war was massive in scale, fought over vast stretches of ocean. Fleets engaged one another often many miles distant from one another. Carrier-based aircraft were the surrogates that sought out the enemy and delivered the ordnance. U.S. Navy task forces consisting of carriers, battleships, cruisers, destroyers, and destroyer escorts required their own medical support and each of these vessels had among their crews corpsmen, physicians, and, aboard the larger vessels, dentists as well.

Arguably the turning point in the war in the Pacific occurred in the first week of 1942. During the first week of June 1942, the Imperial Japanese Navy, buoyed by its overwhelming victories in Singapore, Hong Kong, Malaya, the Dutch East Indies, and the Philippines, prepared to lure what remained of the United States Navy's Pacific Fleet into battle and finish it off in a final showdown. A month before, carrier based planes of both fleets had dueled in the skies above the Coral Sea, a battle in which neither fleet saw the other. Since then, American codebreakers had learned the enemy's latest target—tiny Midway Island.

Seven hundred miles west of Midway a lone PBY patrol plane spotted the invaders through the clouds. On the morning of June 4th, another PBY confirmed the approach of the Japanese carrier strike force 200 miles from Midway. Three American aircraft carriers and a small but determined force waited in ambush. Opposing navies launched aircraft and by mid-morning the battle favored the Americans. Attacking American torpedo bombers drew the Japanese fighters down to sea level but in the melee that followed, most of the Navy planes were shot

down and all but one of their pilots killed. The sacrifice of the torpedo bombers, however, cleared the skies above for the American dive-bombers. Within minutes three Japanese carriers were ablaze. Hiryu, the fourth Japanese carrier retaliated with an air attack which seriously damaged the Yorktown. A Japanese submarine would later deliver the coup de grace, sinking the mighty carrier.

That afternoon, American aircraft caught the Hiryu, inflicting serious damage. The Japanese fleet retreated. The one-day battle reversed the tide of war in the Pacific, six months after Pearl Harbor. The carriers that had launched the sneak attack on our Pacific fleet had been destroyed or seriously damaged along with the best pilots of the Imperial Navy. From that point on, Japan would be on the defensive.

Stateside the Navy Medical Department had continued to transform. By the end of 1942 the Navy Medical Department had more than quadrupled in size from its pre-war years. New Navy hospitals were springing up across the landscape in Harriman, NY, Long Beach, CA, Norman, OK, Oakland, CA, and Treasure Island, CA. Naval Hospital Washington, DC, a tenant of the old Naval Observatory campus since 1906 transferred to the lush meadows of Bethesda becoming the National Naval Medical Center. The Bureau of Medicine and Surgery, an organization established in 1842, moved from the Main Navy and Munitions Building to the recently vacated Naval Hospital Washington, DC, campus in August 1942.

For the first time since World War I, the Navy began opening its doors to women serving in non-nursing roles. In 1942, Drs. Achsa Bean, and Cornelia Gaskill made history becoming the first female physicians commissioned in the Navy. In August 1942, the Navy established the WAVES (Women Accepted for Volunteer Emergency Service) allowing women to join its wartime enlisted ranks. At their peak wartime strength, women Pharmacist's Mates (sometimes referred to as CorpsWAVES) accounted for a quarter of all Navy medical enlisted sailors on the home front. And as the war raged overseas and Navy hospital patient loads grew exponentially, these dedicated pioneers went far to keep the beleaguered Medical Department afloat.

As doors were opened to some they still remained closed in 1942 for others. Although the number of African American Navy civilians doubled from 511 (4.7 percent of entire workforce) to 1,051 (7.1 percent of entire workforce) Between October 1941 and 23 February 1942, African Americans could not yet serve as Navy dentists, hospital corpsmen, nurses or physicians. Of the 49 jobs listed in the Navy recruiting pamphlet, *What Kind of Job Can I Get?*, only 26 were open to African Americans. *JKH/ABS*

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Navy Medicine in 1942: Timeline

2 Jan - Manila and Cavite, P.I., fall to the Japanese. U.S. soldiers and sailors retreat to the Bataan peninsula.

6 Jan - Eleven nurses taken prisoner by Imperial Japanese forces in the Philippines. For 37 months as prisoners, they treated sick and injured POWs.

30 Jan - U.S. Navy Hospital Canacao is captured. The medical staff of the hospital would later operate the very efficient Japanese POW hospital in Bilibid Prison, Manila until late 1944 when the unit was broken up by Japanese authority.

5 Feb - National Naval Medical Center, Bethesda, MD opens. It is dedicated by President Roosevelt on 31 August 1942, the centennial of the Bureau of Medicine and Surgery (BUMED).

9 Feb - President Roosevelt establishes United States (Joint) Chiefs of Staff.

20 Mar - BUMED requests that all medical department activities "exercise the greatest care in the conservation of machinery, equipment and appliances."

1 Apr - Navy Base Hospital No. 2, Efate, New Hebrides, is commissioned.

4 Apr - Naval Hospital Treasure Island, CA, is commissioned.

29 Apr - President Roosevelt gives fire side chat about Navy physician CDR Corydon Wassell.

30 Apr - Two Navy patrol planes evacuate military and civilian personnel from Corregidor.

9 Apr - U.S. forces on Bataan surrender. Begin the tortuous "Death March."

14 Mar - USS *Houston* (cruiser) and USS *Pope* (destroyer) lost in battle with Japanese off Java.

1 May - Navy Mobile Hospital No. 5 at Noumea, New Caledonia, is commissioned.

6 May - U.S. and Filipino troops remaining on Corregidor surrender and become prisoners of war.

7 May - Battle of Coral Sea.

6 Jun - Battle of Midway.

25 Jun - Mobile Hospital No. 6, Wellington, New Zealand, is commissioned.

1 Jul - Naval School of Hospital Administration, Bethesda, MD is established.

1 Jul -Naval Hospital Oakland, CA, is commissioned.

3 Jul -Public Law 654 grants Navy nurses "permanent relative rank" of commissioned officers.

3 Aug -WAVES (Women Accepted for Volunteer Emergency Service) established.

7 Aug - U.S forces land on Guadalcanal beginning offensive that would lead to Tokyo.

9-17 Aug - Bureau of Medicine and Surgery moves to old Naval Hospital/Old Observatory campus.

22 Aug - Naval Hospital Seattle, WA, is commissioned.

31 Aug - National Naval Medical Center, Bethesda, MD, is commissioned.

7 Sep - First Air evacuation of casualties to hospital ships off shore occurs at Guadalcanal.

11 Sep -Pharmacist's Mate First Class Wheeler B. Lipes, USN, performs emergency appendectomy on Seaman First Class Darrell D. Rector, USNR, on board USS *Seadragon* on patrol in the South China Sea.

1 Oct -Naval Medical Research Institute, Bethesda, MD, is commissioned.

19 Oct -Naval Hospital Key West, FL, is commissioned.

25-26 Oct -Battle of Santa Cruz.

15 Nov - Naval Hospital Norman, OK, is commissioned.

16 Nov - Naval Hospital Harriman, NY, is commissioned.

1 Dec - Vice Admiral Ross McIntire reappointed as Surgeon General and Chief of BUMED for an additional four years.

12 Dec - Naval Hospital Long Beach, CA, is commissioned.

16 Dec - Pharmacist's Mate First Class Harry B. Roby, USNR, performs an appendectomy on Torpedoman First Class W.R. Jones on board USS *Grayback* (SS-208). It is the second appendectomy performed on board a submarine.

22 Dec - Nurse Corps Superintendent Sue S. Dauser receives the temporary relative rank of Captain, becoming the first woman to receive this rank in the history of the U.S. Navy.

The Shadow Nurse

The notion of two identical twins or, in some cases "lookalikes," trading identities is a common theme in film, television and literature. Frequently it is used as a framework for comedies of error; occasionally, as in the works of Lovecraft and Poe, it is a device for producing horror of gothic proportions. But with all due deference to the hordes of literary doppelgangers, doubles, and imposters, as well as *Prince and the Pauper*, and the "Parent Trap" movies, there is no denying that reality can sometimes trump even fiction. One such case of a "stranger than fiction" truth is the tale of Navy medicine's "Shadow Nurse."

From World War II to 1972, pregnancy among officers and enlisted sailors was forbidden and cause for instant dismissal.[1]

The policy proved especially hard on the Navy Nurse Corps. Between FY1954 and FY1962, 736 Navy nurses were forced to resign or were released from duty on account of pregnancy.[2] Fifty years ago, officials at the Naval Hospital in Newport, RI, discovered that one nurse had found a bizarre loophole around this draconian policy.

On the morning of 12 October 1962, CDR Christine Fritch, Assistant Chief Nurse, was returning to her station after completing her rounds when she was met by her colleague, LCDR Margaret Devereaux, NC.** Devereux was viewed by her superiors as an "exemplary" nurse. At the same time she was never one to mingle and she remained an aloof mystery to her colleagues. On this morning, Fritch was surprised to see Devereaux looking so stressed.

"What is it Margaret?"

"CDR, I know what I did was not right. My sole reason for doing it was to help my sister out. Once we had changed identities I knew there was no way to change back."

"Margaret, I'm not sure I follow."

As Fritch would soon learn, Margaret Devereaux was an imposter, of sorts. Although she was in service as a Navy nurse, she had never been commissioned as one. In fact her name was not Margaret Devereaux. The actual Margaret Devereaux had left the Navy in 1950 after becoming pregnant. The "Margaret Devereaux" sitting in CDR Fritch's office was her identical twin sister Mary, also a trained nurse. After 12 years the stress of deception had overtaken Mary and compelled her to this Monday-morning confession.

** The names of the key individuals in the story have been changed to protect their identities. Source material for this article comes from sworn testimonies of the key individuals as well as correspondence from CAPT Edward Hogan, CO of Naval Hospital Newport, RI (1962), and the Commandant of the First Naval District (1962) located in the BUMED Library and Archives.

1. In February 1972, pregnant women or women who adopted children were allowed to request a waiver to remain in service. Only in 1975 were pregnant women allowed to stay in service unless they asked to get out, BUPERS Notice 1900 of 1 August 1975. Ironically, although pregnancy was forbidden the Navy and Marine Corps, on 15 June 1945, the Secretary of the Navy authorized maternity care at Naval Hospitals and Dispensaries for members of the Women's Reserves of the Naval Reserve, the Marine Corps Reserve, and Coast Guard Reserve, and Members of the Navy Nurse Corps and NCR who had been discharged or separated from service because of pregnancy. Reference SecNav ltr. 45-612 *N.D. Bulletin*)

2. Navy Nurse Corps Dismissals and Resignations due to Pregnancy. Stat Sheet. ca. 1972. BUMED Library and Archives

The unsettling news soon arrived at the desk of CAPT Edward Hogan, Commanding Officer, who had begun his tour of duty at Newport on the morning of revelation. Hogan notified the Surgeon General RADM Edward Kenney that a complete investigation would be conducted and he would do his best to keep the story from leaking to the press.

On 22 October, FBI Special Agent Edward J. Sheils and ONI Special Agent Edward Shevlin took statements from Mary and Margaret. At this point Margaret was a mother of an 11 year-old girl and working as a civilian nurse.

As agents Sheils and Shevlin would learn, the sisters had graduated from St. Margaret's School of Nursing in Dorchester, MA, and both had worked as staff nurses at hospitals until 1947. Margaret applied for a commission in the Nurse Corps in 1947 and was accepted on 30 April that year; Mary applied in 1948, but was rejected for "physical reasons."

After being commissioned, Margaret served at Naval Hospital Portsmouth, VA, Naval Air Station, Quonset Point, RI, and finally Naval Hospital Newport, RI. In 1950, Margaret became pregnant out of wedlock. She continued to serve until the fall of 1950 when she could no longer hide her condition. With the intention of returning to duty after giving birth, Margaret asked Mary to fill in for her. Although initially reluctant to do so, Mary agreed to the ruse. Margaret gave birth in February 1951. A year later Margaret decided to return to work, but now as a district nurse in Warwick, RI, and then for the U.S. Rubber Company in Providence, RI. All along she was used the name of her sister Mary.

The real Mary flourished in the Navy. She served with the Military Sea Transport Service, Atlantic, and at Naval Hospitals in Portsmouth, NH, and Camp Lejeune, NC. On December 1958, she returned to Newport, RI. During her tenure of service, she had been promoted twice—to Lieutenant and then to Lieutenant Commander. In her statement, she admitted that she could not find a way out. The situation had began to bother her a year before her confession.

After the completion of the investigation, Margaret submitted a resignation for the "good of the service." CAPT Hogan forwarded this and Margaret and Mary's statements to the Chief of Navy Personnel via Commandant, First Naval District, and Chief, Bureau of Medicine and Surgery. CAPT Hogan advised against taking disciplinary action and that her resignation should be accepted. As he remarked, Margaret's "separation from the Naval Service was mandatory and would have been accomplished because of pregnancy and not concealed this fact by her absence. The actual loss of her service to the Navy as a result of her unauthorized absence was therefore minimal."

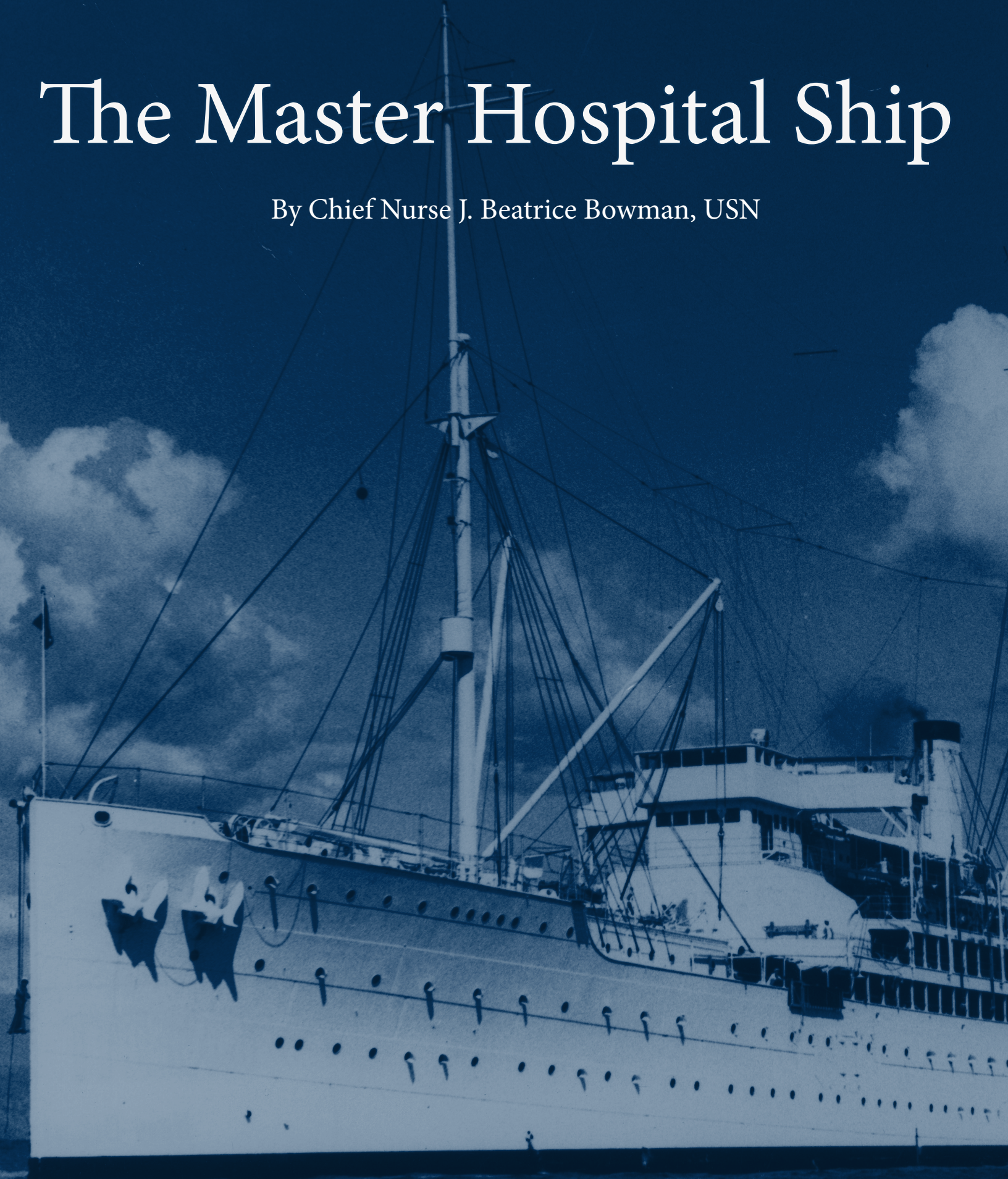
Since Margaret left during the period of the Korean War, CAPT John M. Wellings, Commandant, First Naval District thought that Margaret could have been accused of desertion in time of war. At the same time he surmised it would have been difficult to find witnesses who could prove Mary performed the duties instead of Margaret. In addition, the only evidence available would have to come from one sister testifying against the other. Even after locating additional witnesses, Wellings believed the problem of identifying one of identical twins would be insurmountable.

The consensus agreed that Mary's qualifications as a nurse were apparently identical with Margaret's. And although Mary received pay and allowances, it appeared that she may well have been in the legal status of a "de facto Navy nurse and, therefore, entitled to the fair value of the services she rendered." Also, since Margaret was now the sole support of an 11 year-old daughter, it was agreed that the publicity from a trial by court-martial would have regretful consequences.

On 25 February 1963, Margaret's resignation was finally accepted. Her discharge read "other than honorable."*ABS*

The Master Hospital Ship

By Chief Nurse J. Beatrice Bowman, USN



All photographs from BUMED Library and Archives

An Open Letter to the Nurses of the U.S. Navy Written aboard USS *Relief* (AH-1) Guantanamo Bay, Cuba March 1921

On 15 February 1921, 11 Navy nurses reported aboard USS Relief *becoming the first official contingent of Navy nurses ever to serve on a hospital ship. Among them was Chief Nurse Josephine Beatrice Bowman (1881-1971), one of the Nurse Corps' "Sacred Twenty" (1908) and later superintendent of the Nurse Corps (1922-1935). While serving aboard the ship Bowman drafted an "open" letter to her Nurse Corps colleagues describing the state-of-the-art facility. She also took the opportunity to confront any lingering doubts in the Navy that women nurses could not effectively serve at sea.*

For the first time in history a hospital ship has been built from the keel up. For years she was talked about, planned for, and at last started only to be delayed by the war, then launched and now we have "THE MASTER HOSPITAL SHIP" of the world.

She has joined the Atlantic Fleet in Guantanamo Bay, Cuba, with ten Navy nurses and one Chief Nurse aboard. The historic fact and the great privilege has been keenly felt by every nurse and we only wish we could share this privilege with all our workers in the Corps.

On Feb. 15, 1921 we left the dock for the first time, (the ship having gone into commission Dec. 28, 1920) anchored in the Delaware for 24 hrs. in order to have our compasses adjusted and at daylight Feb. 16 steamed down the Delaware. Such happiness that at last the great day had arrived and we were off! But much to our sorrow, after reaching the Delaware Breakwater we had to return for repairs to the armature. That took another week but we found many many things to keep us busy for, did we not have a 500 bed Hospital to equip fully from all sorts and kinds of surgical necessities to ward furnishings etc.? To a nurse who cares for organizing I know this means much. Supplies of every kind had been placed aboard and the joy of setting up and equipping the beautiful wards, operating rooms, eye, ear, nose & throat room, diet kitchen, etc. will be remembered by the first lucky nurses on the USS *Relief*.

Of course those who were and are pessimists say "Women on ship board with the Fleet? It can't be done!" It can and is keen concerning Navy Regulations and deportment as the Navy nurses, "Uncle Sam" will be able to perform great deeds, for they look upon this as very serious work—not as a pleasure trip—and the dignity of their position is of great consequence to them.

All on board thought we would be seasick and we were watched closely. Bulletins carried by mouth to all parts of the ship if some one or more looked pale. Aside from three having a slight touch of *mal-de-mer* all proved themselves as good sailors as could be found. Even those who felt badly were plucky enough to report on duty every day and tried to throw off all ill feeling.

But to describe to you this "Master Hospital Ship." She is 485 ft. long, 64 ft. beam, has 64 water tight compartments, and is so safe that could her funnels be plugged she could in safety go under like a submarine or she could be rolled over and would always right herself. A ship of about 10,000 ton displacement and painted white with a green stripe from stem to stern. This green stripe is the uniform of a military ship. Were she a Red Cross Hospital Ship, according to the provisions of the Geneva conventions, she would have a red band instead of the green band. Painted on the side of her hull and on the side of her stack is a large red cross.

Every thought has been given to the care of the sick and the practi-

USS *Relief*'s main operating room, 1921

cal manner in which everything has been arranged to save those in attendance is pleasant to think about, for, as we know when time as well as the nurse's strength is saved, it counts for efficiency.

In the arrangement of the largest wards you will find the quiet room, linen room and pantry, or diet kitchen, in one and the dressing room and toilets at the other.

One knowing hospital work can readily appreciate this location of divisions being so thoughtfully grouped. Again looking over our wards you will notice the lighting system. In the ceiling are high soft lights and shaded so that the patient lying in bed does not look into a light but it does shine on him from behind. For reading or convenience of the ward officer a portable light fits into a socket on the stanchion of the bed—one for the upper and one for the lower berth. Night lights, which we find in nearly every institution high on the wall or ceiling, are placed two feet from the deck and in every instance indicate a door. Over the toilet door is a light having a brass shade in which is cut "Toilet" and red glass modifies the glare.

The "quiet room" in each ward holds three patients and is arranged for the care of the very ill. A window is in the bulkhead giving the nurse full view of all that is going on should be busy in the ward. A crib bed in this room provides ample protection for a helpless case in a rough sea.

The ventilation of wards is well taken care of, for aside from our high ceilings (high for a ship) and windows opening into wide passage ways between the wards, so giving cross ventilation, we have many blowers and our ports are so made that they can be thrown open as square ports—all well screened with copper wire screening.

But let us go into the pantry, or as you "land lubbers" call it, the diet kitchen. Yes I know you envy us those little electric ranges—and they work beautifully too. A spacious wall table of galvanized iron extends along two bulkheads & a deep porcelain sink is in the one table while

over the other are dish racks with compartments for plates, bowls, saucers, and cups, so constructed that they are packed securely and safe in a rolling sea. Hot, cold and refrigerated water are over the sink, and all pantries have refrigerators in which the coil system is used. Ice for ice caps may be obtained from the pant and the icechamber is large enough for that also.

From the wards I would take you to the hydrotherapy room, beautifully tiled and completely outfitted; to the endoscopic room and then to the diet kitchen. Now in the latter place I would give you an ice cold drink of fresh milk made today or a glass of 20 % cream if you preferred it, or maybe the ice cream is finished—we will open the packer and see. You didn't know that a cow could give forth such a mixture to a freezer three feet away did you? Well our mechanical bossy is a wonderful animal.

You and I have often seen those of the medical profession worried over the care and isolation of the specific cases. On the *Relief* we have two wards of 40 beds each placed on the 2nd deck aft. Connecting is an acute treatment room with all necessary instruments and equipment.

As the laundry is quite near let me take you there. I have seen laundries in a great many hospitals but none better built or equipped. It extends across the ship getting as much air and light as is possible. The tiled

Ear, Nose, and Throat Clinic aboard USS *Relief*, ca. 1920

decks and white bulkheads give a clean atmosphere to greet the eye. On the port side are two immense washers, two extractors and two tumbler dryers. In the centre [sic] in the drying room and the starch kettle. On the starboard side are the electric irons and boards of every needed variety, also the big mangler. Below the laundry I would take you to the spoiled linen sorting room where two electric sewing machines and an electric marker are busy. Opening into the latter room is the linen store extending across the ship.

If you are not two tired climbing ladders let us return to the second deck for you have yet to see the bag room where all bags and hammocks of incoming patients are taken by the Master-at-Arms [M.A.A.], sealed with lead and placed in a locker, for which each is given a brass baggage tag as a receipt. This tag the patient gives to the nurse in charge of the ward who gives him in return a key to his clothes locker and places the baggage tag on the key board in the linen locker. Certain days and hours are assigned each ward in the baggage room that the patients may go to their bags, these are given them in a separate room and watched over by the M.A.A.

We have a convalescent mess hall run on the cafeteria system. Food, in this way gets to the patient more quickly, is hot and he can take what he knows he can get and will eat. In this way, waste is eliminated. As we come down the ladder let us go up the elevator, this being the main one connecting all decks from the superstructure to the medical store room on the 2nd platform. The medical store room, by the way, is quite worth seeing for, you must remember, we are a source of medical supplies for the fleet. You are surprised at the large storeroom and how well it is packed so bottles will not roll against one another nor off the shelves. This is the port side and on the starboard another room is packed with gauze, cotton, stationary, rubber goods etc. The narcotic locker is between the two and here we keep the poisons, narcotics, alcoholics etc.

Before we go to the main deck let me show you the hold in which is stored a complete field hospital equipment, including tents (for a 200 bed hospital), ovens and every equipment needed even to an ambulance. It would be interesting for you to look down this hold but it is closed and would take from 8 to 10 men to open it.

Now we return to the main deck. You remember that you came aboard here. Had you been a Navy nurse you would have saluted the Flag as you came over the side. We are proud of this honor and I have not yet grown so old in years or in the Service, but that to look upon the Star and Stripes makes little thrills run up and down my spine, and in my heart I have always saluted "Our Flag." That the time has come when we are part of the military forces and are expected to carry out that military recognition makes us feel more than ever the love of country and its emblem. I will tell you secretly tho', that the first time of going over the side on liberty and saluting when you feel that the entire population of the surrounding country has spy glasses leveled

USS *Relief's* Sick Officers' State Room, ca. 1921.

Navy nurse and Hospital Corpsmen in the ship's main ward, 1921.

upon you—is not the easiest thing to do. However like a cold bath after the first plunge I liked it.

On the main deck, forward we have the office of the officer of the day. On the port side is a beautifully equipped x-ray department. This room is lead lined so that the rays will not penetrate to the laboratory opposite. The study room connects with the x-ray room but the developing room is situated on the deck with the refrigerating plant in order that the room may be kept cool and developing fluids need not be affected by the heat of the tropics. As I have said, the laboratory is opposite the x-ray department and here is splendidly equipped, up-to-date section of which we are proud. On the same side is the eye, ear, nose & throat division and a very busy and interesting one. Across the passage from it is the dental dept. splendidly equipped as to lighting and electrical apparatus.

Leaving this section and going aft we pass the dispensary and record office and come to the crews galley on the port and officer's galley on the starboard. Oil burning ranges are installed here as well as in the bakery a little beyond. The potato peeling room as well as the commissary store room is also located in this section.

As we go out on the deck and continue on our way aft we pass the paymaster's office, the line officers staterooms and ward room, the sick warrant officers ward room, ward and private rooms, then at the stern of the ship we find the autopsy room and the disinfecting plant. Here we climb a ladder and at the top you are surprised to see our animal house with the sheep pen and yard, the guinea pigs, white mice, and rabbits all well taken care of and with the appearance of being very well content the "life on the rolling sea."

From the animal house we pass through a little gate and come out upon the quarantine deck. You will observe its location aft so the wind drives away all germs that are apt to linger. This department is cut off from the main part of the ship and can be reached only by elevator and by a small passage reserved for the staff only.

In this department we have four wards with a total capacity of 54

USS *Relief*'s Navy nurse personnel, ca. 1921. Chief Nurse J. Beatrice Bowman sits in the wicker chair.

beds. Each ward is fully equipped with toilets, sterilizers, etc. for the isolation of different diseases. A diet kitchen, two rooms for hospital corpsmen and a room in which patients discharged shed their soiled clothes, enter the disinfecting bath, from there go into the clean rooms and receive clean clothes ready for duty.

On crossing the little passage or bridge we come out on the upper deck and pass the ward and state rooms of the medical officers. You will love the beautiful wide deck space and as we go forward you will notice at intervals along the bulkheads the silent call system. We have reached the sick officers' quarters. The large chests on the deck contain steamer chairs for convalescing patients. As we enter the sick officers quarters you are impressed with the large ward room with white curtains hanging at every door and port, the chairs with their linen covers, the soft restful green in the color scheme, and the metal furniture which you take to be mahogany. We have eleven private rooms, each furnished with a crib med, chair, secretary bureau, ward-robe, washstand with fresh running water over which is a toilet cabinet. A telephone is in every room, a portable light over every bed and with the silent call systems could any hospital be more complete?

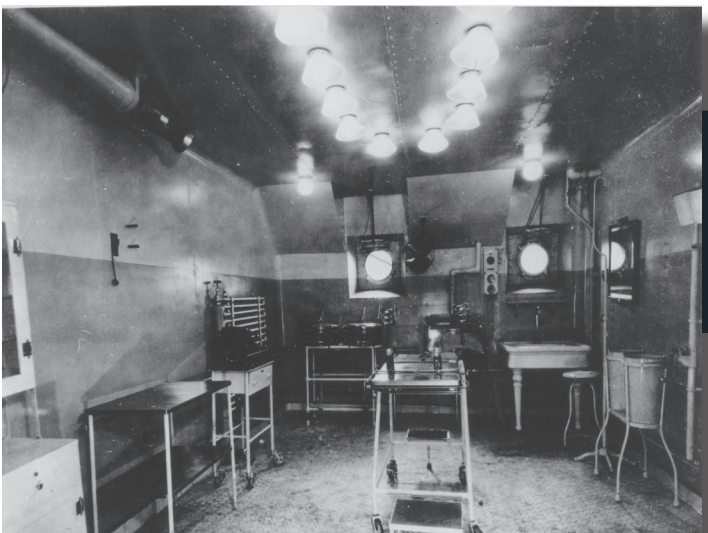
All decks throughout the hospital are laid with battleship linoleum and all corners are rounded. This was thought to be an impossible task at first but a way was found.

If there is anything a nurse loves it is a beautiful operating room. Ours takes in the heighth [sic] of two decks, is lighted by 105 port holes and extends across the upper deck. As it is just below the chart house, operating at night would interfere seriously with the steering of he ship;

so, curtains have been designed that can be worked under the glass and will cut off all light thrown from this part of the ship. The room is large enough to allow two operations to be in progress at in time and over each table is the shadowless lighting system. Of course in rough weather we must have means of lashing everything fast so in the tiled decks are eyelets to which the operating tables lashed and solution and instrument tables are made fast to the bulkheads around which are rods placed for that purpose. He operating suite is so arranged that the operating room need only be entered by those on duty. Coming from the elevator, or the passage way, to the port side is the sterilizing room, which by the way, is beautifully fitted with two instrument sterilizers, two dressing sterilizers, hot, cold, and distilled water tanks, and utensil sterilizer—all run, or operated by electricity. Across from this is the instrument room and opening into it is the etherizing and here we have the electrically heated blanket warmers, cabinet for all appliances, etc. Looking across to the port side from here you see the scrub up room and here we have the knee attachments for water control. From these last two rooms and through the main corridor one enters the operating room. So you see, messengers sent to the sterilizing room need not cause confusion nor carry dust into that all important space.

Navy physician consults with *Relief*'s mascot, "Doc" on the decks, 1921.

I know you have been wondering all this time where and how our nurses live. You have been over the greater part of the ship but you saw no trace of nurses' living space. Right there is where the designer was most thoughtful and kind, for he placed us where we would be quiet and interfered with the least by the passing to and fro of the personnel. On the superstructure deck let me show you not only where the Captain and the Master of the Ship live but our delightful quarters. Our ward room runs across the ship giving us air and view from both sides—that is we get the view when we are at anchor and the boats are down. Five staterooms open into the ward room and in each live two nurses. These rooms are fitted with two berths, upper and lower, two secretary bureaus, two toilet lockers, a good sized ward-robe and wash-stand with running fresh water. Opening into the ward room also, is our pantry, or you would call it a kitchenette, and down a small passage is the Chief Nurse's stateroom, then come the baths and toilets. It is all very compact and most delightful in every way and why one would ever think that nurses would not be happy or successful on this delightful duty is quite beyond our reasoning. Of course every one may not be so fortunate in having so wonderfully kind and just Commanding and Executive Officers or delightful and ever thoughtful shipmates as we have but we hope they will and in closing I can only wish that you all will feel as interested in this our ship, yours and mine, as we are and that you will come and see her for yourself when she returns to the States.



Endoscopic Room aboard USS *Relief*, 1921.

Boz, Barton and the Case of "Little Nell"

In January 1842, Charles Dickens set forth on a whirlwind tour of America. The 30 year-old author had recently completed the final installment of the serial Master Humphrey's Clock, *which featured several short stories and two novels,* Barnaby Rudge *and* The Old Curiousity Shop. *The latter tale featuring the young ill-fated protagonist "Little Nell" Trent proved an utter sensation. More than a few readers were shocked and upset by Nell's demise, including a prominent U.S. Navy physician.*

On 24 February 1842, while staying at the Charlton House Hotel in New York, Dickens received a letter written from Navy Surgeon William Paul Crillon Barton (1786-1856) questioning the necessity of Little Nell's death. Through Dickens' reply we can detect Dr. Barton's sensitivity to Nell's issue. Barton, a father of 14 children, lost two daughters—one in infancy and the other at the age of five. For many readers, like Barton, all too familiar with childhood mortality, Little Nell was a painful reminder of their own grief.

Today, it is merely coincidental that in Dr. Barton's home city of Philadelphia there is a statue depicting Charles Dickens and his popular character Nell Trent.

24 February 1842
Carlton House [New York]

Dear Sir,

I have read your letter with much pleasure and cordially thank you for it. I am a little surprised by the questions you ask, as the whole meaning and purpose of the story pointed to that end or none. I am not aware that I can give you any better reason for Nell's death than you will find in the last paragraph of page 352 of Lea and Blanchard's American Edition of the tale.

I am Dear Sir, faithfully yours,

Charles Dickens

Source

House, Madeline (ed.). *The Letters of Charles Dickens. Volume Three, 1842-1843.* The British Academy: The Pilgrim Edition. Oxford University Press, 1974. p80

Vixerat

Vice Admiral James Zimble (1933-2011)

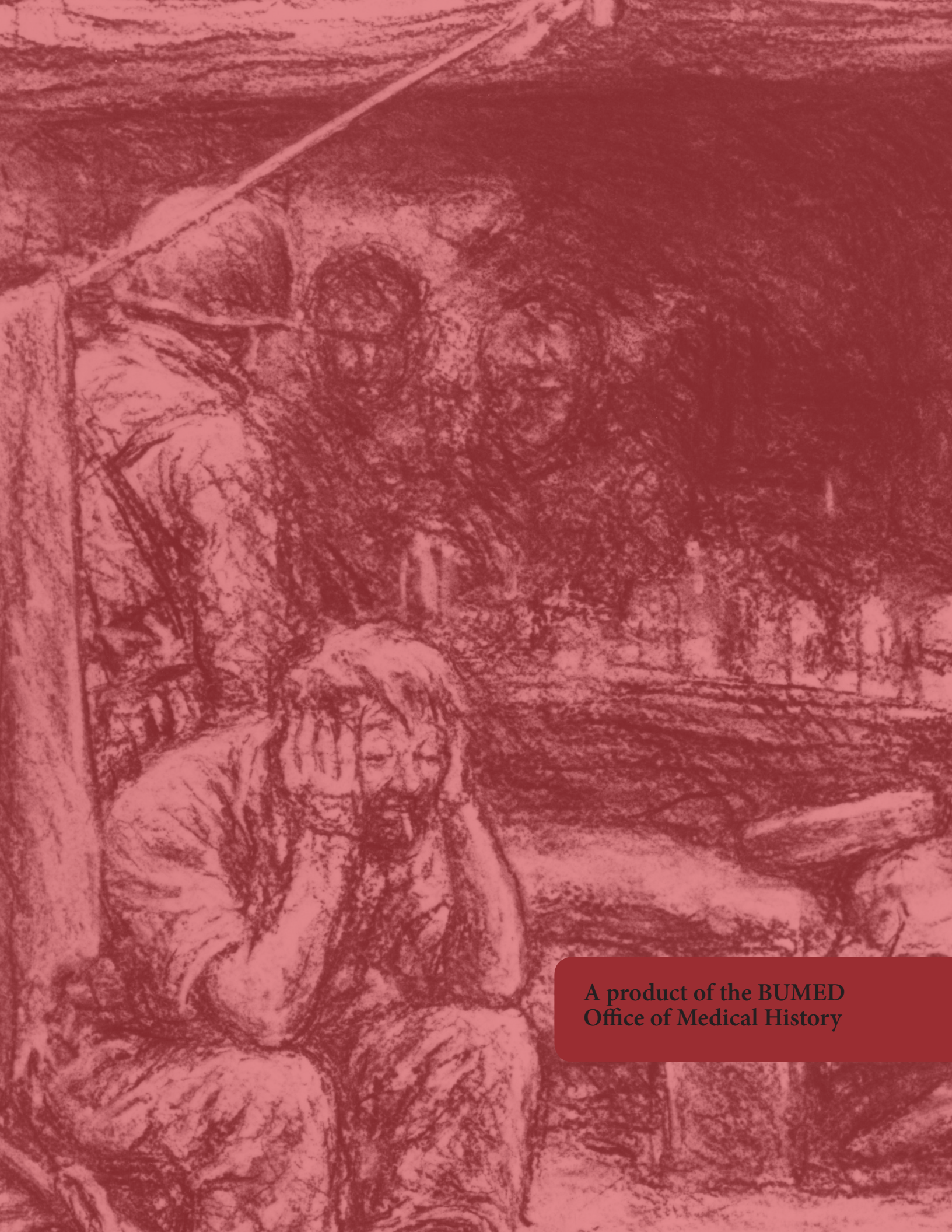
Ancient Romans preferred to avoid the allusion to death. In referring to someone who had recently died, they would use the Latin term "vixerat," meaning "He has lived." VADM James Allen Zimble, MC, USN, the beloved former Surgeon General of the Navy passed away on 14 December 2011. He was 78. With his death we are reminded that he certainly had lived a meaningful existence.

I first met VADM Zimble in 1984, when I was assigned as the Medical Construction Officer for the T-AH 19 class hospital ship conversion project at National Steel & Shipbuilding (NASSCO) in San Diego. He had flown out with Dr. William Mayer, the Assistant SECDEF for Health Affairs and then-Surgeon General VADM Lewis Seaton, to attend the "First Cut" ceremony and tour the hull that would become USNS *Mercy*. I was immediately struck by VADM Zimble's deep interest in the project—he asked probing, thoughtful, far-ranging questions from manning, to department configuration to horizontal and vertical casualty flow, with a huge range of questions in between -- questions you'd not expect to hear from an SG. He wanted to know the "nits and nats" of all phases of construction. It was refreshing to hear, because the project had not been well-received or supported by the Line Navy. He also personally ensured our small on-site cadre of HMs and DTs were adequately staffed and supported. I'm convinced that his profound, personal commitment to these 2 medical platforms throughout their conversion, delivery, and beyond is the principal reason they exist at all. I recall the time VADM Zimble took us all to lunch after *Mercy*'s naming ceremony, and asked each of us what assignments we desired after *Comfort*'s delivery, and he granted our requests; this, from a man who would, in a short while, become the 30th Navy Surgeon General. VADM Zimble was "old school" and a futurist; he placed his Navy above his own personal gains, and constantly looked "downstream" for what the Navy Department's role should be, ashore, afloat, and jointly. And most importantly, he held himself accountable for the present and future of Navy Medicine. He took dead seriously the exceptional and unremitting responsibility of being an officer. He believed in it and lived it every single day. What he did for those who served under him and the entire Navy family will continue for years to come. He was a superb Naval officer, and one of the finest Surgeons General our Navy has been privileged to have.

—LCDR Doug Faulls, MSC, USN (Ret)

In July 1989, I was thoroughly enjoying my position as The Medical Officer of the Marine Corps. I heard that VADM Zimble had made a decision about the duties of Family Physicians attached to the Fleet Surgical Teams while they were not deployed. In my estimation it was the wrong decision and I sent him a memo to this effect. It did not change his mind so I sent a second memo with a little stronger wording than before. I received a call from his deputy telling me to lay off and support his decision. At this, I sent a third and very strongly worded memo perhaps calling into question his lack of understanding of this issue and a few more choice words. The next morning I heard that he had changed his mind on this issue. My secretary received a call from VADM Zimble's secretary telling her that VADM Zimble wanted to see RADM Higgins in his office at 1700 today. When she asked as to the topic, she was told that it was personal. My reaction was that I had won the battle and lost the war. I arrived at 1700 and he told me that he wanted me to be his Deputy Surgeon General. My response was something like you want me after all of this. He said that it was precisely because of my actions, that he did not want any "yes" men in his office and I was the only one telling him he was way off base on this issue. While I did not really want to leave the Commandant's office, I did accept and thoroughly enjoyed my two years as his deputy.

—RADM Robert W. Higgins, MC, USN (Ret)



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